

Contract No. _____

Invoice No. _____

Report Classification: † Annual Year End ÿ Reimbursement Request

SUPPORTIVE SERVICES

GRANTEE PERFORMANCE REPORT (GPR) INFORMATION

1. Name of Subrecipient: _____ Program Year: _____
2. Project Title: _____
3. Reporting Period: _____ to _____
(Month/Day/Year) (Month/Day/Year)
4. Activities associated with this Contract are: _____ Community Oriented/Specific † _____ Countywide †
5. Does this Contract provide assistance to homeless persons? † Yes † No
6. Financial Status: _____

Total contact funds received for the Program Year: \$ _____

a. Amount expended this reporting period: \$ _____

b. Total expended to date: \$ _____

c. Funds remaining: \$ _____

Source of any other funds involved in activity: _____

Amount of other funds: \$ _____

7. What type of facilities and activities does your Contract involve?
- Emergency Shelter Transitional Shelter Permanent Housing Rental Assistance

8. Recipient Data:

(This information should be unduplicated. For example, a person or household repeatedly receiving a particular service should be counted only once. In addition, the unit of measure identified in 9.a. below must be consistent with the unit of measure presented in the Contract.)

- a. Total number of • people / • households (check one) receiving benefit from Contract: _____

- b. Of those counted above, total number by race: (Do not use percentages)

☐ White, Non-Hispanic ☐ Black, Non-Hispanic ☐ Native America
☐ Asian/Pacific Islander ☐ Hispanic

- c. If you checked household in 8.a., how many were Female Head of Household? _____

(8. Continued)

d. Using the following categories, list the number of recipients you served during this reporting period.

Families with children _____
 Single parents with children _____
 Single adults-male and female _____
 Unaccompanied minors _____ Female _____ Male ____
 Veterans _____
 Persons with HIV/AIDS _____
 Persons with substance abuse/mentally ill/dual diagnosis _____
 Other (Describe: _____) _____

9. Indicate the "primary" service being provided by this Contract as set forth in the approved Technical Submission?

| | | |
|---------------------------|-----------------------|--------------------------|
| ' Outreach and Assessment | ' Supportive Services | ' Food/Clothing |
| ' Case Management | ' Legal Assistance | ' Nutritional Counseling |
| ' Transportation | ' Child Care Services | ' Outpatient Health |

Services

' Employment Services

' Assistance Applying for Social Security Benefits

' Referral (Describe: _____)

' Counseling (Describe: _____)

' Other (Describe: _____)

10. Please describe your achievements in the area of Continuum of Care Coordination as set forth in your original application, Technical Submission and the Contract Scope of Services.

(10. Continued)

Product and Accomplishments:

- a. Describe project accomplishments in this reporting period as it relates to the goals set forth in the Contract Scope of Services, including: type of service or product and the unit of measure used to describe accomplishments (i.e. units, persons, bed nights, linear feet of improvements, etc.)

(For Job Creation and/or Job Retention Activities)

- b. Total number of jobs made available to homeless persons: _____
- c. Total number of jobs filled by homeless persons during this reporting period: _____
- d. What actions are taken to ensure first consideration will be given to homeless persons? _____

- e. Please attach a listing of permanent job titles, which have been created or are anticipated to be created. Indicate which jobs are part-time versus those, which are full-time, and which jobs require special skills or training. Describe efforts taken to provide skills or training.

11. Implementation:

Status of any portion of the Contract that is not completed or has not met a projected milestone:

For any portion of the Contract that is not completed, please provide a schedule that you anticipate will be required to fully complete the activity:

| Milestone | Anticipated Completion Date |
|-----------|-----------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

12. Economic Opportunities:

a. Does this project meet the requirements of "Section 3" of the Housing and Urban Development Act of 1968, as amended, 12 U.S.C. 1701 et. seq.?

Yes No Not Applicable

b. If yes, describe: _____

c. If no, describe action taken in attempting to comply with "Section 3" requirements:

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I certify that the above information is true and accurate, and that the source of documentation is available for review by both the County of Orange/Housing and Community Development Department and the U. S. Department of Housing and Urban Development (HUD).

Prepared by: _____
(Non-Profit)

Submittal Date: _____

Signature: _____

Phone No.: _____

As the assigned representative for the County of Orange/Housing and Community Development Department, I have reviewed this Grantee Performance Report Information Form relative to the executed funding contract, and found the project-related information and the reported accomplishments to be consistent with the terms and conditions of that funding contract.

Reviewed by: _____
(H&CD Project Leader)

Review Date: _____

Office Use Only:

Entered into IDIS by: _____ **Date** _____